

MAR 11 2002

Note: This is a sample
template, it is not
an OMB approved
form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1**Carrier Identification Information****Parent Company Name**

Armstrong Telephone Company - Northern Division

Service Provider Name

Armstrong Telephone Company - Northern Division

Company Address, City, State, ZipOne Armstrong Place
Butler, PA 16001**Service Provider Type**

Wireless

☒ Wireline**Name(s) of Wireless License Holder(s)****Contact Name**

Barbara DiRenzo

Contact Tel #

724-283-0925

Fax #

724-283-9655

E-mail Address

bdiorenzo@agoc.com

Section 2**Local Area 911 Implementation**

List all individual local areas covered by this report (e.g., Lee County, Virginia).

Richie County, West Virginia

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

All calls are routed to the Verizon operator.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

The PSAP is currently under construction.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

9-1-1 dialing is completed.

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

None

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

N/A

Section 4

Certification - To be signed by an authorized representative of the reporting entity

X I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature



Printed name of authorized representative R. James Matyas

Title Vice President of Operations

Date March 7, 2002

This filing is:

☒ original filing☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.